

Caution: DRAFT FORM

This is an advance proof copy of an IRS tax form. It is subject to change and OMB approval before it is officially released. You can check the scheduled release date on our web site (www.irs.gov).

If you have any comments on this draft form, you can submit them to us on our web site. Include the word DRAFT in your response. You may make comments anonymously, or you may include your name and e-mail address or phone number. We will be unable to respond to all comments due to the high volume we receive. However, we will carefully consider each suggestion. So that we can properly consider your comments, please send them to us within 30 days from the date the draft was posted.

**Request for Federal Income Tax
Withholding From Sick Pay**

OMB No. 1545-0074

2010▶ **Give this form to the third-party payer of your sick pay.**

Type or print your first name and middle initial.

Last name

Your social security number

Home address (number and street or rural route)

City or town, state, and ZIP code

Claim or identification number (if any)

I request federal income tax withholding from my sick pay payments. I want the following amount to be withheld from each payment. (See **Worksheet** below.)

\$

Employee's signature ▶

Date ▶

----- Cut here and give the top part of this form to the payer. Keep the lower part for your records. -----

Worksheet (Keep for your records. Do not send to the Internal Revenue Service.)

1	Enter amount of adjusted gross income that you expect in 2010	1		
2	If you plan to itemize deductions on Schedule A (Form 1040), enter the estimated total of your deductions. For 2010, you may have to reduce your itemized deductions if your income is over \$XXX,XXX (\$XX,XXX if married filing separately). See Pub. 919, How Do I Adjust My Tax Withholding, for details. Call 1-800-829-3676 or visit the IRS website at www.irs.gov to order forms and publications. If you do not plan to itemize deductions, enter the standard deduction, including additional amounts for age and blindness, and any additional standard deduction for XXX or a disaster loss	2		
3	Subtract line 2 from line 1	3		
4	Exemptions. Multiply \$X,XXX by the number of personal exemptions. For 2010, your personal exemption(s) amount is reduced if your income is over \$XXX,XXX if single, \$XXX,XXX if married filing jointly or qualifying widow(er), \$XXX,XXX if married filing separately, or \$XXX,XXX if head of household. See Pub. 919 for details.	4		
5	Subtract line 4 from line 3	5		
6	Tax. Figure your tax on line 5 by using the 2010 Tax Rate Schedule X, Y, or Z on page 2. Do not use the Tax Table or Tax Rate Schedule X, Y, or Z in the 2009 Form 1040, 1040A, or 1040EZ instructions	6		
7	Credits (child tax and higher education credits, credit for child and dependent care expenses, etc.)	7		
8	Subtract line 7 from line 6	8		
9	Estimated federal income tax withheld and to be withheld from other sources (including amounts withheld due to a prior Form W-4S) during 2010 or paid with Form 1040-ES	9		
10	Subtract line 9 from line 8	10		
11	Enter the number of sick pay payments you expect to receive this year to which this Form W-4S will apply.	11		
12	Divide line 10 by line 11. Round to the nearest dollar. This is the amount that should be withheld from each sick pay payment. Be sure it meets the requirements for the amount that should be withheld, as explained under <i>Amount to be withheld</i> below. If it does, enter this amount on Form W-4S above	12		